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Ein Fall von Seelenblindheit. Dr. LISSAUER. 48. Sitzung des Vereins ostdeutscher Irrenärzte, Nov. 1888. Allg. Zeitschr. f. Psychiatrie, Bd. XLVI, H. 1.

This case is very like those of Freund. The patient was an old man, with no previous trouble beyond attacks of dizziness and senile weakness of memory. On examination he showed no aphasia nor symptoms of paralysis; right hemianopsia; sight in the center of the field preserved, and amounting to $\frac{1}{4}$ to $\frac{1}{2}$ normal; inability to recognize the significance of objects shown or to name them, except with aid of other senses, *e. g.*, touch or hearing; alexia without agraphia; ability to draw outlines of simple objects, but without recognition. The author distinguishes two kinds of psychic blindness, an apperceptive and an associative, caused respectively by injury to the visual centers or to their associative fibers—in this case, since the patient recognized forms, probably the latter.

Ueber Aphasia. LEOPOLD CARO. Inaug. Dis. Arch. f. klin. Med. Bd. XLIII, 1888, Abstract by Sperling in the Neurol. Centralbl. No. 4, 1889.

As an appendix to the body of his dissertation (in which he presents the doctrine of aphasia and his views on the origin of language), the author reports a carefully studied case, in which, as in one of Grashey's, the aphasia rested on a general decline of mental power—a case of amnesic aphasia. The mental processes of the patient were surprisingly slow; six or seven seconds were required for the recollection of his own name, as much as twenty for seeing and naming objects. He himself said: "When I look at the picture, then I don't know—know what it is; I have to—have to look at it closely first, then I have to—have to think over what it is; then what—what it is called." He took four seconds longer to read capital letters than small, though, as it would seem, the reading of letters in series was not delayed. Some letters, especially capitals, could not be written at dictation and generally were not recognized; the figures above 3 also failed of recognition. What the patient did read he did not at once understand. Some questions elicited no answer, from lack of comprehension, and frequent repetition was required. All sense perceptions were soon forgotten, and smell and touch were dull. As in Grashey's case, the patient was unable to read even short words when obliged to take them letter by letter, because the first was forgotten before the last was recognized; for example, "Ochs" could not be read when written with the letters a good deal separated. He could not tell the number of three pencils when they were some distance apart, nor count the sides of a polygon.

L'Alcoolisme, étude médico-sociale. Dr. E. MONIN. Ouvrage couronné par la Société française de Tempérance et précédé d'une Préface par le Dr. Dujardin-Beaumetz. pp. 308. Paris, Octave Doin, 1889.

The aim of this book is to popularize scientific information on the subject with which it deals, and as a popular book it is readable and valuable. The headings of its ten chapters give its scope: Chronic and Acute Intoxication [ivrognerie, ivresse]; The Diseases of Drinkers; The Extent of Alcoholism, its Pandemic Expansion; Alcohol and the Nervous System; Responsibility of Alcoholics; Action